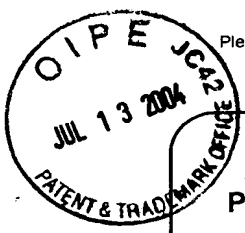


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PTO/SB/81 (02-01)  
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<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number	10/659,782
	Filing Date	September 11, 2003
	First Named Inventor	Dr. Liat Mintz
	Title	Compositions, Reagents and Kits For and Methods of Diagnosing, Monitoring and Treating Obesity ....
	Group Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	28238

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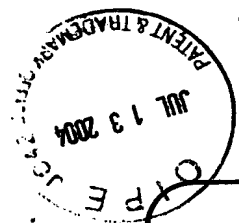
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
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SIGNATURE of Applicant or Assignee of Record	
Name	Dr. Liat Mintz
Signature	
Date	06/25/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/659,782
Filing Date	September 11, 2003
First Named Inventor	Dr. Liat Mintz
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	28238

Total Number of Pages in This Submission

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### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Certificate of Mailing Receipt Card</b>
<b>Remarks</b>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Signature	
Date	July 7, 2004

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Application Number: 10/659,782  
Filing Date: September 11, 2003  
First Named Inventor: Dr. Liat Mintz  
Docket Number: 28238

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